

NIH Labor-Management Cooperation Council Meeting
Thursday, November 20, 2003

Attendees: Howie Hochman, Charles Palmer, Helene Noble, Tim Wheelles, Paul Donaldson, Mark Morine, Steve Rivero, Jessica Aquilino, Tony Clifford, Leonard Taylor, Linda Tarlow, Arturo Giron, Rich Drury, Rita Sweeney

Facilitator: Fern Kaufman

Old Business: Minutes of October 16, 2003 meeting were reviewed and approved.

New Business:

A-76 Update: The 04 study consists of six reviews: firefighters, veterinarian services, medical arts, IT (three separate studies), material handling, and logistics (including freight). There will be six generic studies and three streamlined. Mr. Paul Donaldson showed the committee a document which states firefighters are inherently governmental. He asked why the firefighters are being studied and who put the firefighters on the list. Mr. Tim Wheelles did not know exactly, but that it came from the Department. When asked who would know, Mr. Wheelles suggested that the best response would come by having Mr. Donaldson to write to Dr. Zerhouni and ask how and who decided this. Mr. Donaldson had already approached Dr. Zerhouni. Mr. Wheelles will e-mail the committee the name of the OMB manager in charge of A-76 and Mr. Donaldson can ask this individual why under the definition of inherently governmental employees is the study on the firefighters going forward. Mr. Wheelles stated that the agency still needs to proceed even though Mr. Donaldson doesn't have an answer. (NOTE: The Department has since instructed NIH NOT to review the firefighting function. This function will be reclassified as either core or inherently governmental during the next FAIR inventory.)

Mr. Wheelles said that the Real Property Management review was won but an appeal had been filed. NIH is responding to the appeal but moving forward with the transition. The appeal questions whether costing was done correctly under the circular. The OMB circular says that appeals should be addressed within one month, but they often take longer. Assuming the agency wins the appeal, the contractor can protest. The protest goes to GAO and there is no deadline. Mr. Arturo Giron asked whether NIH implements the MEO during the appeals process. Mr. Wheelles said that we would continue as if we won. Dr. Kingston has been designated as the appeal authority for NIH. Once a decision on the appeal has been made, there are 20 days to lodge protest with GAO. Decision on time to respond to protest is up to GAO. Mr. Giron asked if the substance of an appeal by the contractor is a private matter. Mr. Wheelles said yes. It is protected during the process because it is a procurement matter. Mr. Wheelles said that the Extramural process was won and a protest was filed. The agency has responded and we are now waiting for the vendor to respond. Position descriptions for both areas have been put on the website. The positions could possibly change. We have the ability to change the MEO as long as we are within cost structure. Any issues can be raised under a protest.

Mr. Leonard Taylor said that one of our first goals for Real Property Management is to fill two positions: MEO Manager and Project Officer - Head of Quality Surveillance. Both positions will report to the Director of Property Management.

MEO calls for winner to be able to take on new work; change way work is done.

Waxman decision is out in final. (Mr. Wheelles has since found out it was held up at the Department and did not go in final – status is still pending.) Mr. Wheelles will try to find a copy and send it out to the committee.

Transition Center:

Mr. Richard Drury provided information to the committee on the Transition Center.

The Transition Plan is not completed yet. Hopefully the final plan will be out in a few weeks. This plan is comprehensive and includes information about the staffing of the MEO and the rights of people not selected in MEO. The plan will go on the web as soon as it is approved.

In discussing transition, it is important to distinguish between the Transition Services *Center* and the Transition *Facility*. The Transition Services center refers to the organization, which will provide services such as counseling, training, etc., and to the location(s) where those services will be provided. The Transition Facility is a physical workspace where employees whose jobs have been eliminated will report for work while in transition status.

The first Center event was a seminar designed to provide information for employees considering the option of leaving NIH to go into business. The seminar “Taking Care of Business: Navigating a Brighter Future” was very well attended and the feedback was extremely positive”.

The Center has contracted with Vantage, Inc. to provide support services (resume writing, etc.) to NIH employees. The Center has also been conducting classes for employees affected by the two largest A-76 studies. The target group for November is employees affected by the Extramural Support study. December will focus on employees affected by the Real Property Management study. The Center is open for business at a temporary location in Building 31. Information will be sent out to publicize the Center.

The Transition Facility is a “virtual” entity at this point. NIH has decided that people not selected for MEO will relocate to this facility as a temporary home based during the transition period. No space has been identified yet. NIH is looking for space for 100 people. The space will probably be offsite and will be comparable to other off-campus locations in terms of parking, security, furniture, computers, etc. Employees who move to the Facility will be detailed to unclassified duties and will be engaging in job searches and taking classes. Salary will be the same.

Mr. Giron asked Mr. Drury where they are looking for space and the time frame for individuals being in the facility. Mr. Drury stated that the facility would not be on campus. It will probably be in one of three of our clusters (Rockspring Park/Twinbrook/Executive Blvd.). The time frame is:

- a. Employees will receive priority consideration for up to 12 months. During this period, employees who are entitled to priority consideration and who meet minimum qualification requirements for a position will be placed in the position unless the selecting official obtains approval of an exception.
- b. Employees not placed during the first 12 months will receive up to an additional 6 months of priority consideration. During this period, employees who meet minimum qualifications must be placed in the position. There is no provision for exceptions.
- c. Employees still not placed after the additional period of priority consideration will be summarily reassigned to meet whatever staffing needs are considered most critical.

The issue of whether IC's will be given incentives to take the employees is unsettled. HHS-wide priority consideration is also unsettled.

Mr. Drury's office is responsible for managing the Transition Center/Facility.

HHS is looking at whether it is possible to give employees the benefits of a RIF without the job loss.

Miscellaneous: None